

ADDENDUM #1
Health Benefit Consultant Services RFP
October 29, 2004

1. Page 6, No. 9. An original and 6, not 10, copies of the bid proposal are required to be submitted on or before 2:00 p.m. on November 24, 2004.
2. Page 7, Section 1, Purpose and Intent (Last sentence relating to negotiation). No mandatory terms and conditions of the RFP are negotiable. Failure to comply with or take exception to a mandatory term or condition of the RFP in the bid proposal will result in the bid proposal being determined to be non-responsive and ineligible for Contract award.
3. Page 10, Section 2.1.4.3, Medical Plans Offered Under the SHBP. The breakdown of the 44,791 State employees by DPO is provided in the attached Annual Rate Renewal Reports. [Click here to go to reports.](#)
4. Page 15, Section 4.6.4, Contract Award. It is anticipated that the start date of the Contract(s) will be March 1, 2005. This, however, is contingent upon several factors, i.e.: the receipt of responsive bid proposals; whether negotiations are conducted; if negotiations are conducted, the receipt and evaluation of best and final offers; whether a protest is filed with the Commission; and, if a protest is filed with the Commission, whether an emergent appeal from the Commission's final decision is filed.
5. Page 26, Section 3.2.1.2, Disclosure. With respect to Executive Order #134, two forms must be completed and included with the bid proposal: (1) "Executive Order 134 Certification," (Form DPP 134-POFW) and (2) "Disclosure of Political Contributions," (Form DPP 134-DPC). Both of these forms are available for downloading at www.state.nj.us/treasury. Click on "Special Notice-Executive Order 134-Procurement Reform Restrictions on Political Contributions." Click on "Disclosure Forms and Instructions-Doing Business-Vendor Forms."
6. Page 28, Section 3.3.7, Financial Capability of the Bidder. If the Bidder is unable to provide audited financial statements for the past three fiscal years, the Bidder can provide other assurances of its financial stability over the past three fiscal years.
7. Page 29, Section 3.4(a), Recurring Tasks. Revised Schedule C, pages 4-6 of this Addendum #1, sets forth the Tasks that require an All-Inclusive-Fee. The detail requested with respect to how the Bidder arrived at the All-Inclusive-Fee for each such Task should include the breakdown of hours by job title, defined in the RFP, required to complete the Task and a detailed explanation by the Bidder of how the breakdown of hours by job title was arrived at.
8. Pages 30-39, Schedule A, Standard Terms and Conditions. A request was received to modify several Sections within Schedule A: Section 3, Liability and Copyright, Section 4, Indemnification, Section 5, Insurance, Section 12, Ownership of Material, Section 17,

Claims, Section 18, Delivery, and Section 20, Change in Law. Schedule A shall remain as written and shall be part of the Contract(s) awarded as a result of the RFP.

9. Hours billed by the incumbent Contractor. See pages 18-24.

10. Page 40, Section 1.1, Annual Rate Renewal Reports. For each of the four annual rate renewal reports, the Bidder must set forth the claims experience information it requires, form-electronic or hard copy and the format in which the claims information experience should be submitted by the respective Plan Administrators. The Bidder should explain whether it has the flexibility to accept a format(s) other than that it has specified. The Bidder should also specify the impact, if any, that the claims experience information being in a format other than that specified will have on its fees in Revised Schedule C.

11. Page 42, Section 1.1.3(a), Annual Rate Renewal Report for Health Maintenance Organizations (HMOs). The term “each local group” at the end of this Subsection refers to education and non-education local groups. The HMO renewal is to be calculated for the education local group and the non-education local group.

12. Page 43, Section 1.1.4.1, Dental Provider Organizations (DPOs). In addition to the quarterly claim review described, the Contractor is responsible for analyzing patient encounter data to report on DPO value to the SHBP.

13. Page 45, Section 1.2, Audits. Section 1.2 relates to claims and operational audits performed by an audit team on site. Such audits shall include a large sample of claims chosen randomly and reviewed to determine the overall accuracy and efficiency of the health plan. Based on the health plan, the audits may differ slightly. For the Traditional Plan, the focus of the audit will be on claims payment proficiency. For HMOs, the audit will apply equal focus to claims proficiency and operational efficiency. For all claim audits, special attention should be directed to the Plan Administrators administration of the co-ordination of benefits provisions. This Task will utilize the All-Inclusive-Hourly-Rates.

14. Page 45, Section 1.3, Performance Measures. This Task has been divided into two separate Tasks as follows:

(a) Performance Measures

The contracts of all of the self-funded plans contain performance standards (See pages 7 through 15 of this Addendum #1). Most Plan Administrators, with the exception of the DPOs, do self-audits of their claim proficiency. Throughout the year, on a quarterly basis, each Plan Administrator will select a random sample of paid claims and will report the findings to the SHBP. The full year’s reported findings are used to determine whether the Plan Administrator has met the performance standards. The Contractor, when directed by the Contract Manager, will obtain the same paid claims sample reviewed by the Plan Administrator and re-audit the sample to determine the veracity of the findings. This Task will utilize the All-Inclusive-Hourly-Rates.

(b) DPOs- Value of Services Review

A description of the review process undertaken with the DPOs is set forth on pages 16 and 17 of this Addendum #1). By contract, all DPOs must submit their encounter data quarterly to the Contractor. The Contractor shall review the quarterly encounter data to determine whether the proper array of services is being provided and the SHBP is receiving value for the premium paid. This Task will utilize an All-Inclusive-Fee.

15. Page 45, Section 1.5, Quarterly Review of Claims Experience. The purpose of the quarterly review of claims experience is for the Contractor to advise the Contract Manager if there are any issues that might affect the rates going forward. This Task will utilize an All-Inclusive-Fee.

16. Page 47, Section 2.2, Assistance with Requests for Proposals. Possible SHBP initiatives include prescription benefit management, disease management, DPO contracts, HMO contracts etc.

16. Page 47, Section 2.5, Audit and Evaluation of Current Programs. This Section refers to audits that are undertaken for cause or to determine the efficiency of a Plan Administrator in handling a type of service. For a Dental Plan Organization (DPO), it would likely mean an on-site clinical audit of a dental office to determine if the dentists are properly credentialed and whether the office is following cleanliness guidelines and providing quality care, etc. For claims payments, an audit (may be on-site) would be undertaken to review troublesome claims areas such as mental health claims, physical therapy claims, chiropractic claims, etc. to determine if we are paying for only medically necessary care. This Task will utilize All-Inclusive-Hourly-Rates.

*The primary differences between 1.2 and 2.5 are that the audits referred to in 2.5 are of smaller scale and focused. Whereas the audits referred to in 1.2 are large, full-scale audits that review all claims payments over full contract years and are conducted on a non-recurring basis.

17. Pages 49-52, Schedule C, Rates. Schedule C has been revised to reflect the Task changes made. The Revised Schedule C, located at pages 5-7 of this Addendum #1, must be completed by the Bidder and submitted with the bid proposal, in lieu of Schedule C in the RFP.

18. The All-Inclusive-Fee and All-Inclusive-Hourly-Rate are firm and not subject to increase during the three year term of the Contract. In the event the Contract is extended for a one year term, the All-Inclusive-Fee and the All-Inclusive-Hourly-Rate will be increased by an amount calculated in a manner consistent with cost of living adjustments for State pension plan retirees

19. Pages 53-60, Schedule D, HIPAA Business Associate Agreement. A request was received to modify several sections within Schedule D. Schedule D shall remain as written and shall be part of the Contract(s) awarded as a result of the RFP.

REVISED SCHEDULE C RATES

Schedule C, RFP pages 49-52, has been revised. Complete and submit this Revised Schedule C with your bid proposal.

Definitions

Administrative Assistant - Support staff providing assistance to the team in developing overall projects.

All-Inclusive-Fee – The total amount due the Contractor upon the completion of the Task that is the subject of the All-Inclusive-Fee. The All-Inclusive-Fee includes all of the Contractor's direct and indirect costs, including, but not limited to, direct labor costs, overhead, travel, fee or profit, clerical support, equipment, materials, supplies, documents, reports, forms, reproduction and any other costs.

All-Inclusive-Hourly-Rate - The total amount due the Contractor per hour for a specific job title. The All-Inclusive-Hourly-Rate includes all of the Contractor's direct and indirect costs, including, but not limited to, direct labor costs, overhead, travel, fee or profit, clerical support, equipment, materials, supplies, documents, reports, forms, reproduction and any other costs.

Benefits Consultant - Individual with expertise in various benefit specialties who train and supervise Junior Consultants, and assist and provide support for Senior Consultants.

Health Benefits Actuary - Individual who has expertise in forecasting health plan liabilities and cost impact of emerging trends.

Junior Consultant - Individual with limited experience in benefits specialties who supports the Benefits Consultant and/or Senior Consultant.

Lead Consultant-Team Leader - Individual with experience in health benefits, plan design, funding, administration, and other health benefits related disciplines, who leads the team, coordinates all activities, develops work flow, and has responsibility for all client requests and projects.

Senior Benefits Underwriter - Individual who has responsibility for, and expertise in, setting rates, developing renewals (medical, dental, prescription drug, etc.), costing out effects of proposed legislation, new benefits, changes in plan design, trends, etc.

Senior Consultant - Individual with expertise to handle and be responsible for various benefits specialties, such as dental, HMOs, auditing systems, voluntary programs, etc.

(a) All Inclusive Fee Tasks. The following Tasks require the submission of All-Inclusive-Fees.

	All-Inclusive-Fee
1.1 Annual Rate Renewal Reports	
The Traditional Plan, NJ PLUS, and Prescription Drug Plans for the State group.....	\$_____
The Traditional Plan, NJ PLUS, and Prescription Drug Plans for the Local Employer Group.....	\$_____
All HMOs.....	\$_____
The Dental Plans.....	\$_____
1.3(b) DPOs-Value of Services Review (See #14 Addendum 1) \$_____	
1.4 Annual Determination of SHBP Budget Projections...	\$_____
1.5 Quarterly Review of Claims Experience	
The Traditional Plan.....	\$_____
NJ PLUS.....	\$_____
Aetna HMO.....	\$_____
CIGNA HMO.....	\$_____
Health Net HMO.....	\$_____
Employee Dental Expense Plan.....	\$_____
Retiree Dental Expense Plan.....	\$_____
Employee Prescription Drug Plan.....	\$_____
Pilot Prescription Drug Plan for Retirees (Traditional Plan retirees and NJ PLUS retirees)	\$_____
1.6 Annual Determination of COBRA Vision Rates.....	\$_____

1.7 Annual Surcharge Determination..... \$ _____

(b) All-Inclusive-Hourly-Rates

The following Tasks shall be paid on the basis of the All-Inclusive-Hourly-Rates for the job titles set forth below: Section 1.2, Audits, Section 1.3(a), Performance Measures (See #14 Addendum 1), Section 2.1, Contract Renewal Advice, Section 2.2, Assistance with Requests for Proposals, Section 2.3, Assistance in the Preparation of Written Materials, Section 2.4, Design of New Programs and Benefits, Section 2.5, Audit and Evaluation of Current Programs, Section 2.6, Evaluation of Proposed or Enacted Legislation, Section 2.7, Analysis of Local Employer Issues, Section 2.8, Surveys, Section 2.9, Analysis of Covered Area Expansion, Section 2.10, Analysis of Regional and National Trends, Section 2.11, Financial Reporting, and Additional Work.

For each Task utilizing All-Inclusive-Hourly-Rates, the Contractor shall provide a detailed proposal to the Contract Manager before the start of the work. The proposal shall include a fee for the Task. The fee shall be a function of the number of hours for each job title in the Contractor's proposal and the All-Inclusive-Hourly-Rates for each job title as set forth in this Amended Schedule C. The proposal shall be reviewed by the Contract Manager. No work on the Task shall commence until the Contractor has received the Contract Manager's written approval to proceed. In the Contractor's monthly billing, the Contractor shall indicate the work completed to date with a breakdown of hours by job title.

	All-Inclusive-Hourly-Rates
Lead Consultant-Team Leader.....	\$ _____
Senior Benefits Underwriter.....	\$ _____
Health Benefits Actuary.....	\$ _____
Senior Consultant.....	\$ _____
Benefit Consultant.....	\$ _____
Junior Consultant.....	\$ _____
Administrative Assistant.....	\$ _____

(PROPOSED 2005)
PERFORMANCE GUARANTEE FORM

Health Maintenance Organizations

<u>A. Customer Service</u>	<u>Standard</u>	<u>Current</u>	<u>Choice 1</u>
Turnaround Time for Claims	90% processed within 12 Calendar Days	0%	.5%
Financial Accuracy	99% accuracy for claims paid	0%	.5%
Coding Accuracy	97% coding accuracy	0%	.5%
Written Complaint Response TAT	95% within 30 Calendar Days	0.33%	0.33%
Telephone-Average Answer Speed	45 seconds	0.33%	0.33%
Telephone-Abandonment	5%	0.34%	0.34%
Sub-Total		1%	2.5%

<u>B. Reporting</u>	<u>Standard</u>		
All Contractually Required Reports	Complete and Timely Submission	1%	0.5%

C. DHSS Report --
Year 2003 NJ HMO Results

Standard

Surveyed Satisfaction Items*	Average or Above in 70%	2%	2.0%
Measured Data Items**	Average or Above in 70%	3%	3.0%

Sub-Total		5%	5%
-----------	--	----	----

D. Account Management

Standard

Client (State and Local) Satisfaction	Score of 3 or higher	2%	2%
--	----------------------	----	----

GRAND TOTAL

10% OF FEE

(FORMER 2004)
PERFORMANCE GUARANTEE FORM

Health Maintenance Organizations

A. <u>Customer Service</u>	<u>Standard</u>	<u>Actual</u>	<u>Fee at Risk</u>
Written Complaint Response TAT	95% within 30 Calendar Days		0.33%
Telephone-Average Answer Speed	45 seconds		0.33%
Telephone-Abandonment	5%		0.34%
Sub-Total			1%

B. <u>Reporting</u>		<u>Standard</u>	<u>Actual</u>	<u>Fee at Risk</u>
All Contractually Required Reports	Complete and Timely Submission			1%

C. <u>DHSS Report --</u> <u>Year 2000 NJ HMO Results</u>	<u>Standard</u>	<u>Actual</u>	<u>Fee at Risk</u>
Surveyed Satisfaction Items	Average or Above in 70%		2%
Measured Data Items	Average or Above in 70%		3%
Sub-Total			5%

D. <u>Account Management</u>	<u>Standard</u>	<u>Actual</u>	<u>Fee at Risk</u>
Client Satisfaction Evaluation Form	Score of 3 or higher		2%
State Health Benefit Program Service Survey	Satisfactory Performance		1%
Sub-Total			3%

GRAND TOTAL

10% OF FEE

PERFORMANCE STANDARDS FORM TRADITIONAL PLAN

I. Customer Service

Standard

Actual

Fee at Risk

Turnaround Time for Claims	90% processed within 12 Calendar Days		1.33%
Financial Accuracy	99% accuracy for claims paid		2.0%
Payment Incidence Accuracy	97.5% average year end accuracy		1.34%
Coding Accuracy	97% coding accuracy		1.33%
Turnaround time for Written Complaints	95% within 21 Calendar Days		1%
Telephone Calls Response Time	35 seconds		1%
Call Abandonment Rate	4%		1%

II. Reporting

Standard

Actual

Fee at Risk

Reporting	Complete and Timely Submission		1%
-----------	--------------------------------	--	----

III. Account Management

Standard

Actual

Fee at Risk

Account Management Satisfaction	Score of 3 or higher		2%
TOTAL			10%

PERFORMANCE GUARANTEE FORM

NJ PLUS

I. Customer Service

Standard

Actual

Fee at Rsk

Turnaround Time for Claims	90% processed within 12 Calendar Days		1%
Financial Accuracy	99% accuracy for claims paid		1%
Payment Incidence Accuracy	97.5% average year end accuracy		1%
Coding Accuracy	97% coding accuracy		1%
Turnaround time for Written Complaints	95% within 21 Calendar Days		.34%
Telephone Calls Response Time	35 seconds		.33%
Call Abandonment Rate	4%		.33%

II. Reporting

Standard

Actual

Fee at Risk

Reporting	Complete and Timely Submission		1%
-----------	--------------------------------	--	----

III. Account Management

Standard

Actual

Fee at Risk

Account Management Satisfaction	Score of 3 or higher		2%
---------------------------------	----------------------	--	----

V. Network Management and Development

Standard

Actual

Fee at Risk

Credentialing	Every two years		1%
Maintenance and Growth of Network	Actual Growth or status quo		1%

TOTAL			10%
-------	--	--	-----

**DENTAL EXPENSE PLANS (ACTIVE AND RETIRED)
PERFORMANCE STANDARDS FORM**

<u>A. Customer Service</u>	<u>Standard</u>	<u>Actual</u>	<u>Fee at Risk</u>
Claims payment TAT	98% clean claims processed within 10 calendar days. 90% all claims processed within 10 calendar days		1%
Financial Accuracy	99% accuracy for claims paid		2%
Coding Accuracy	99.5% coding accuracy for claims paid		2%
Written Complaint Response TAT	98% within 10 Business Days		1%
Telephone Call Response Time	35 seconds		1%
Telephone Call Abandonment Rate	5%		1%
Sub-Total			8%

<u>E. Account Management</u>	<u>Standard</u>	<u>Actual</u>	<u>Fee at Risk</u>
Account Management Satisfaction	Score of 3 or higher		2%
<u>GRAND TOTAL</u>			10% OF FEE

DENTAL PLAN PROVIDERS
PERFORMANCE STANDARDS

The DPO shall provide guarantees pertaining to Participating Provider credentialing and the furnishing of utilization data.

Guarantee Period:	January 1, 2005 through December 31, 2005.
Calculation Period:	Penalties will be calculated monthly and will be withheld from subsequent premium submissions.
Aggregate Maximum:	The maximum combined annual penalty for all performance categories is 5% of annual SHBP premium.

1. Provider Credentialing Guarantee

Guarantee:	The DPO will guarantee, at a minimum, the credentialing standards as outlined in Appendix B.
------------	--

Penalty:

<i>If less than 95% of Participating Providers are credentialed:</i>	2.0% of premium plus \$10 per un-credentialed Participating Provider per day.
--	---

<i>If at least 95% but less than 100% of Participating Providers are credentialed:</i>	1.5% of premium plus \$10 per un-credentialed Participating Provider per day.
--	---

Maximum Penalty:	2.5% of SHBP coverage year premium.
------------------	-------------------------------------

Measurement Criteria:	Documentation provided by the DPO that all Participating Providers are credentialed. This documentation is subject to audit by the State or its designee at any time.
-----------------------	---

2. Utilization Data Guarantee

Guarantee:	The DPO will guarantee to submit electronic utilization data for dental services provided to Covered Individuals to on a quarterly basis. Data
------------	--

will be submitted by current CDT code (aggregated by procedure category), by Participating Provider and include a reference to the patient ID and date of service. The data will be submitted in the electronic format specified by the Commission and will be filed no later than 60 days following the last day of the quarter.

The utilization data submitted must meet the following accuracy and completeness requirements.

General Guidelines

All fields must contain valid data except for data fields that are not applicable to the record. For example, a DPO that pays its Participating Providers via capitation does not need to enter any information into the Date Paid, Submitted Amount, Allowed Amount, or Paid Amount fields, for an encounter record generated by a treatment covered by capitation payment.

Dates of Service

All encounters must contain a valid Date of Service that falls within the specific time period of the required data submission. For example, all records submitted for the first calendar quarter of 2005 must have dates of service between 1/1/2005 and 3/31/2005.

Procedure Codes

All procedure codes must be listed in the current American Dental Association's Current Dental Terminology (CDT-3). If the DPO uses proprietary codes, these codes must be converted to a valid CDT-3 code prior to submission.

Subscriber ID and Covered Individual Number

All encounters must contain a valid subscriber ID plus Covered Individual number.

Accuracy and Completeness Requirement

At least 98% of all submitted encounter records should be complete and accurate. If any field in an encounter record is missing or incorrect, then that record is considered to be incomplete.

Penalty for late submission of data:	\$250 per day following 60 days after the last day of the quarter and until the data is received by the State or its designee.
Maximum Penalty:	2.5% of SHBP coverage year premium.
Measurement Criteria:	Documentation from the DPO establishing that complete and accurate utilization data, in the format specified by the Commission, was delivered, including date of delivery. This documentation is subject to audit by the Commission or its designee at any time.

The State with the aide of the State's contracted actuaries created "The Value Ratio method" to evaluate plans. The tool allows ongoing analysis of the utilization data and summary reports, enables the State to identify the service mix (number of procedures in each category based on current ADA procedure codes) and to determine the value of services provided by each plan based on geographically adjusted average charge reimbursement rates for indemnity claims submitted in the State.

A primary benefit of analyzing certain quantitative indicators is to facilitate direct comparison of State participating DPO vendors and present an assessment of the value of the services provided relative to the premiums and copayments paid (whether or not they were actually collected by the dentist).

The Value Ratio method analysis focuses on both total procedures and utilization for specific procedure categories (i.e., the service mix).

The underlying methodology is to process the data files for each DPO and analyze the utilization data to determine:

- The Number of Procedures.
- The Value of Procedures (based on FFS Schedule).
- The Estimated Amount of Copayments.
- The Calculated Value of the Premiums.
- The Value of Premiums and Copayments.
- The Relative Value of Procedures compared to the sum of Premiums and Copayments.

The main fields of the utilization data used for the analysis include the current ADA procedure code for the corresponding date of service.

The count of each valid reported ADA code is multiplied by a fee amount considered to be the average for the State of New Jersey. These data are based on undiscounted fee-for-service (FFS) reimbursements, which are generally higher than managed care reimbursements.

The State's model uses the utilization data to calculate a "relative value of services delivered." For this calculation, the estimated value of services provided (based on FFS reimbursement levels) is compared to the sum of the premiums paid, plus the estimated value of all patient copayments. Copayments are considered to be generated whether or not they are actually collected by the dentist. We generally expect an appropriate ratio to be between 1.10 and 1.20, assuming complete reporting of utilization data. This reflects both that DPOs benefit from provider discounts estimated to be worth 25% of normal FFS costs, and that DPO administration costs are generally higher than for FFS plans.

The model then examines the number of procedures by treatment category to ascertain the service mix. This comparison is based only on the frequency of procedures and does

not take into consideration the relative value of the treatment rendered. The specific treatment categories used are:

- Preventive
- Exams
- X-rays
- Minor Restorative (fillings)
- Major Restorative (crowns)
- Fixed Prosthetics (bridges)
- Dentures (full and partial)
- Endodontics-anterior or premolar
- Endodontics-molar
- Endodontics-other (surgical)
- Periodontics-scaling
- Periodontics-other
- Simple Extractions
- Oral Surgery-other (complex)
- Miscellaneous

Segregating utilization into above categories (which is more detailed than the ADA's standard grouping) allows a basic evaluation of the types of services being delivered. This breakdown separates the more routine procedures from the more complex procedures and identifies whether DPOs are providing appropriate frequencies of care in each category. Comparing each category to the norm quickly gives indication on where a plan may be lacking and where they need to review their program to correct weaknesses.

Since the onset of the use of this tool plans have consistently either improved their services or improve their reporting. Both are very desired outcomes. Use of our Value Ratio tool and the credentialing requirement has dramatically improved our DPO services and the satisfaction of our members over the last three years. Virtually all our DPOs have improved their value ratio and have taken extraordinary measures to make sure data is received from their dentists and properly reported.

STATE HEALTH BENEFITS PROGRAM

MILLIMAN CONSULTING SERVICES SEPTEMBER 2003 – SEPTEMBER 2004

DATE	TASK	HOURS BILLED
7/1/03 -7/31/03	Consulting and administrative services related to the audit of the Aetna HMO Plan for phase 2.	1.90
7/1/03 -7/31/03	Consulting and administrative services related to the audit of the Cigna HMO Plan for phase 2.	2.15
7/1/03-7/31/03	Actuarial and consulting services related to the renewal of medical Programs for Local.	36.70
7/1/03-7/31/03	Actuarial and consulting services related to the renewal of medical Programs for State.	23.85
7/1/03-7/31/03	Actuarial and consulting services related to the renewal of the HMO Programs.	22.20
7/1/03-7/31/03	Actuarial and consulting services related to Renewal of Dental Programs.	32.70
7/1/03-7/31/03	Miscellaneous advice and consulting with respect to the design and operations of the SHBP during the period including billing and filing work.	5.10
7/1/03-7/31/003	Actuarial and consulting services related to the renewal of the HMO Programs.	22.20
7/1/03-7/31/03	Actuarial and consulting services related to Renewal of Dental Programs.	32.70
7/1/03-7/31/03	Miscellaneous advice and consultation with respect to the design and operations of the SHBP during the period including billing and filing work.	5.10
7/1/03-7/31/03	Actuarial and consulting services relating to calculation of IBNR claim reserves.	36.20
7/1/03-7/31/03	Consulting and administrative services related to Dental RFP.	.30
7/1/03-7/31/03	Consulting services related to the recalculation of DPO quarterly utilization reports for 2002 using revised complete data submitted by vendors, including report description write-up.	6.00
7/1/03-7/31/03	Consulting services related to cost containment/plan design, collective bargaining and budget calculations.	.50
7/1/03-7/31/03	Consulting services associated with analysis of NJ Plus reporting package RFP requirements.	.75

DATE	TASK	HOURS BILLED
7/1/03-7/31/03	Consulting services related to legislation including Section 125 dental enrollment issues and inquiry regarding qualified plan status if enrollment of union officials in SHBP is allowed.	4.50
7/1/03-7/31/03	Consulting services related to the completion of DPO quarterly utilization reports for 2003.	15.90
7/1/03-7/31/03	Actuarial and consulting services relating to projection of renewal rate increases for 2005.	1.90
8/1/03-8/31/03	Consulting and administrative services related to the audit of the Aetna HMO Plan for phase 2.	1.45
8/1/03-8/31/03	Consulting and administrative services related to the audit of the Cigna HMO Plan for phase 2.	1.85
9/1/03-9/30/03	Actuarial and consulting services related to legislative issues including coverage for part-time employees, including rates and anti-selection loads.	9.70
9/1/03-9/30/03	Miscellaneous advice and consultation with respect to the design and operations of the SHBP during period including billing and filing work.	3.80
9/1/03-9/30/03	Consulting and administrative services related to Dental plan including Unity open enrollment freeze and quality issues, DPO benefit suggestions, retiree ortho, CDT-4 issues and dental handbook wording.	8.30
9/1/03-9/30/03	Consulting services related to cost containment/plan design, collective bargaining and budget calculations.	54.45
9/1/03-9/30/03	Consulting services associated with analysis of NJ Plus reporting package and RFP requirements.	3.55
9/1/03-9/30/03	Consulting services provided by dental consultant including DMO benefit questions, updating 2004 dental member handbook to conform to CDT-4 codes and revise R & C wording, issues with Unity Dental & retiree ortho plan design.	7.75
9/1/03-9/30/03	Consulting services related to the completion of DPO quarterly utilization reports for 2003.	33.20
9/1/03-9/30/03	Actuarial and consulting services relating to calculation of January 1, 2005 rate increase including plan changes for budget estimates.	4.20
9/1/03-9/30/03	Consulting and administrative services related to the audit of the Aetna HMO Plan for phase 2.	13.20
9/1/03-9/30/03	Consulting and administrative services related to the audit of the Cigna HMO Plan for phase 2.	13.40
10/1/03-10/31/03	Actuarial and consulting services related to the renewal of medical Programs for Local.	9.15
10/1/03-10/31/03	Actuarial and consulting services related to the renewal of the HMO Programs	8.00

DATE	TASK	HOURS BILLED
10/1/03-10/31/03	Consulting and administrative services related to Renewal of Dental Programs.	2.30
10/1/03-10/31/03	Actuarial and consulting services related to legislative issues including coverage for part-time employees, domestic partners (including non-blood related partners) and Medicare secondary coverage.	12.00
10/1/03-10/31/03	Miscellaneous advice and consultation with respect to the design and operations of the SHBP during period including billing and filing work.	3.20
10/1/03-10/31/03	Consulting and administrative services related to Dental plan including Unity open enrollment freeze and quality issues.	4.15
10/1/03-10/31/03	Consulting services related to cost containment/plan design, collective bargaining and budget calculations.	12.00
10/1/03-10/31/03	Consulting services associated with Dental RFP.	3.35
10/1/03-10/31/03	Consulting services provided by dental consultant for Unity audit, fixed fee per proposal agreement.	30.00
10/1/03-10/31/03	Consulting services related to the completion of DPO quarterly utilization reports for 2003.	15.45
10/1/03-10/31/03	Actuarial and consulting services relating to Mercer information requests for RFQ.	7.15
10/1/03-10/31/03	Consulting and administrative services related to the audit of the Cigna HMO Plan for phase 2.	3.85
11/1/03-11/30/03	Consulting and administrative services related to the audit of the Cigna HMO Plan for phase 2.	2.30
11/1/03-11/30/03	Actuarial and consulting services related to the renewal of medical Programs for Local.	5.40
11/1/03-11/30/03	Actuarial and consulting services related to the renewal of the HMO Programs.	8.50
11/1/03-11/30/03	Consulting and administrative services related to Renewal of Dental Programs.	2.00
11/1/03-11/30/03	Actuarial and consulting services related to legislative issues including coverage for domestic partners.	.50
11/1/03-11/30/03	Miscellaneous advice and consultation with respect to the design and operations of the SHBP during period including billing and filing work.	4.75
11/1/03-11/30/03	Consulting and administrative services related to Dental plan including biopsy issue.	1.25
11/1/03-11/30/03	Consulting services related to cost containment/plan design, collective bargaining and budget calculations.	18.45
11/1/03-11/30/03	Consulting services associated with Horizon ASO fee increase.	1.25

DATE	TASK	HOURS BILLED
11/1/03-11/30/03	Consulting services provided by dental consultant for biopsy issue and review of DPO report.	5.40
11/1/03-11/30/03	Consulting services related to the completion of DPO quarterly utilization reports for 2003.	9.00
11/1/03-11/30/03	Actuarial and consulting services relating to Medicare Rx law and subsidy calculations.	.75
11/1/03-11/30/03	Consulting services associated with analysis of NJ Plus reporting package and RFP requirements.	.40
12/1/03-12/31/03	Consulting and administrative services related to the audit of the Cigna HMO Plan for phase 2.	5.10
12/1/03-12/31/03	Actuarial and consulting services related to the renewal of medical Programs for Local.	11.40
12/1/03-12/31/03	Actuarial and consulting services relating to the renewal of medical Programs for State.	7.65
12/1/03-12/31/03	Actuarial and consulting services related to the renewal of the HMO Programs.	15.50
12/1/03-12/31/03	Consulting and administrative services related to Renewal of Dental Programs.	4.00
12/1/04-12/31/04	Actuarial and consulting services related to legislative issues including coverage for domestic partners.	1.00
12/1/03-12/31/03	Miscellaneous advice and consultation with respect to the design and operations of the SHBP during period including billing and filing work.	2.45
12/1/03-12/31/03	Consulting and actuarial services related to analysis of Medicare Rx law and calculation of estimated subsidy amount.	13.50
12/1/03-12/31/03	Consulting services related to cost containment/plan design, collective bargaining and budget calculations.	17.10
12/1/03-12/31/03	Consulting services associated with Horizon ASO fee increase.	4.50
12/1/03-12/31/03	Consulting services related to analysis of Local surplus in SHBP financial statements.	4.50
12/1/03-12/31/03	Consulting services relate to the completion of DPO quarterly utilization reports 2003.	5.50
1/1/04-1/31/04	Actuarial and consulting services related to the renewal of medical Programs for Local.	4.85
1/1/04-1/31/04	Actuarial and consulting services relating to the renewal of medical Programs for State.	5.70
1/1/04-1/31/04	Actuarial and consulting services related to the renewal of the HMO Programs.	38.00
1/1/04-1/31/04	Consulting and administrative services related to the Renewal of Dental Programs.	5.45

DATE	TASK	HOURS BILLED
1/1/04-1/31/04	Actuarial and consulting services related to legislative issues including coverage for domestic partners.	1.25
1/1/04-1/31/04	Miscellaneous advice and consultation with respect to the design and operations of the SHBP during period including billing and filing work.	4.50
1/1/04-1/31/04	Consulting services related to the dental RFP.	10.25
1/1/04-1/31/04	Consulting services related to cost containment/plan design, collective bargaining and budget calculations.	14.85
1/1/04-1/31/04	Consulting services associated with three year rate increase projections.	.75
1/1/04-1/31/04	Consulting services related to analysis of local surplus in SHBP financial statements.	9.80
1/1/04-1/31/04	Consulting services related to the completion DPO quarterly utilization reports for 2003.	12.15
2/1/04-2/29/04	Consulting and administrative services related to the audit of the Cigna HMO Plan for phase 2.	7.80
3/1/04-3/31/04	Actuarial and consulting services related to the renewal of medical Programs for Local.	77.95
3/1/04-3/31/04	Actuarial and consulting services relating to the renewal of medical Programs for State.	58.55
3/1/04-3/31/04	Actuarial and consulting services related to the renewal of the HMO Programs.	22.60
3/1/04-3/31/04	Consulting and administrative services related to Renewal of Dental Programs.	29.40
3/1/04-3/31/04	Miscellaneous advice and consultation with respect to the design and operations of the SHBP during period including billing and filing work.	3.85
3/1/04-3/31/04	Consulting services related to the dental RFP.	2.50
3/1/04-3/31/04	Consulting services related to cost containment/plan design, collective bargaining and budget calculations.	5.35
3/1/04-3/31/04	Consulting services related to legislative issues including coverage for domestic partners.	6.65
3/1/04-3/31/04	Consulting services associated with Horizon fee increase.	.75
3/1/04-3/31/04	Consulting services related to the completion of DPO quarterly utilization reports for 2003.	15.15
4/1/04-4/30/04	Actuarial and consulting services related to the renewal of medical Programs for Local.	85.25
4/1/04-4/30/04	Actuarial and consulting services relating to the renewal of medical Programs for State.	72.45
4/1/04-4/30/04	Actuarial and consulting services related to the renewal of the HMO Programs.	93.30
4/1/04-4/30/04	Consulting and administrative services related to Renewal of Dental Programs.	53.45

DATE	TASK	HOURS BILLED
4/1/04-4/30/04	Miscellaneous advice and consultation with respect to the design and operations of the SHBP during period including billing and filing work.	3.00
4/1/04-4/30/04	Consulting services related to cost containment/plan design, collective bargaining and budget calculations including retiree Rx.	4.50
4/1/04-4/30/04	Consulting services related to split of HMO rates into State and Local and active and early retiree.	29.10
4/1/04-4/30/04	Consulting services related to Horizon fee increases.	7.50
4/1/04-4/30/04	Consulting services related to the completion of DPO quarterly utilization reports for 2003.	.80
5/1/04-5/31/04	Actuarial and consulting services related to the renewal of medical Programs for Local.	31.60
5/1/04-5/31/04	Actuarial and consulting services relating to the renewal of medical Programs for State.	34.10
5/1/04-5/31/04	Actuarial and consulting services related to the renewal of the HMO Programs.	115.05
5/1/04-5/31/04	Consulting and administrative services related to Renewal of Dental Programs.	39.25
5/1/04-5/31/04	Miscellaneous advice and consultation with respect to the design and operations of the SHBP during period including billing and filing work.	1.75
5/1/04-5/31/04	Consulting services related to the dental RFP.	12.00
5/1/04-5/31/04	Actuarial services relating to calculation of incurred but not reported (IBNR) reserves.	3.25
5/1/04-5/31/04	Consulting services related to cost containment/plan design, collective bargaining and budget calculations including retiree Rx.	33.50
5/1/04-5/31/04	Consulting services related to split of HMO rates into State and Local and active and early retiree.	27.45
5/1/04-5/31/04	Consulting services related to the dental including DPO DOBI rate filings and Unity issues.	4.20
5/1/04-5/31/04	Consulting services provided by dental consultants for DPO analysis, orthodontic issues, member complaint responses.	9.50
6/1/04-6/30/04	Actuarial and consulting services related to the renewal of medical Programs for Local.	13.20
6/1/04-6/30/04	Actuarial and consulting services related to the renewal of medical Programs for State.	14.15
6/1/04-6/30/04	Actuarial and consulting services related to the renewal of the HMO Programs.	24.40
6/1/04-6/30/04	Consulting and administrative services related to Renewal of Dental Programs.	2.70

DATE	TASK	HOURS BILLED
6/1/04-6/30/04	Miscellaneous advice and consultation with respect to the design and operations of the SHBP during period including billing and filing work.	1.80
6/1/04-6/30/04	Consulting services related to the dental RFP.	56.65
6/1/04-6/30/04	Actuarial services relating to calculation of incurred but not reported (IBNR) reserves.	11.00
6/1/04-6/30/04	Consulting services related to cost containment/plan design, collective bargaining and budget calculations including retiree Rx.	61.80
6/1/04-6/30/04	Consulting services related to split of HMO rates into State and Local and active and early retiree and revision of HMO performance.	9.15
6/1/04-6/30/04	Consulting services related to the dental program including DPO DOBI rate filings.	5.55
6/1/04-6/30/04	Consulting services related to review and calculation of alternate formulas for Medicare rate maximums.	19.00
6/1/04-6/30/04	Actuarial and consulting services related to the renewal of medical Programs for Local.	15.50
6/1/04-6/30/04	Actuarial and consulting services relating to the renewal of medical Programs for State.	22.85
6/1/04-6/30/04	Miscellaneous advice and consultation with respect to the design and operations of the SHBP during period including billing and filing work.	2.25
6/1/04-6/30/04	Consulting services related to the dental RFP.	43.05
6/1/04-6/30/04	Actuarial services relating to calculation of incurred but not reported (IBNR) reserves including data manipulations and carrier discussions regarding claim lag reports.	76.35
6/1/04-6/30/04	Consulting services related to cost containment/plan design, collective bargaining and budget calculations including retiree Rx.	31.15
6/1/04-6/30/04	Consulting services related to revision of HMO performance guarantees.	.75
6/1/04-6/30/04	Consulting services related to the dental program including Unity DPO issues and rate re-tiering.	3.50
6/1/04-6/30/04	Consulting services related to calculation of estimated 2006-2010 renewal rate increases for budget purposes.	1.75
6/1/04-6/30/04	Consulting services relating to analysis of Horizon NJ PLUS disease management programs.	6.75